

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002770

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** DELTA BAY MEDICAL, LLC

**Current Principal Place of Business:**

731 SOUTH PEAR ORCHARD, STE 41  
RIDGELAND, MS 39157

**New Principal Place of Business:**

120 W JACKSON ST  
STE 2A  
RIDGELAND, MS 39157

**Current Mailing Address:**

731 SOUTH PEAR ORCHARD, STE 41  
RIDGELAND, MS 39157

**New Mailing Address:**

120 W JACKSON ST  
STE 2A  
RIDGELAND, MS 39157

**FEI Number:** 26-3758502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORD, DAVID R SR.  
3357 COPTER ROAD, SUITE 8  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** DAVID R. FORD, SR., LLC  
**Address:** 362 LAKE CASTLE RD  
**City-St-Zip:** MADISON, MS 39110

**Title:** MGR  
**Name:** ERVIN AND ASSOCIATES, LLC  
**Address:** 3200 DAWES LAKE ROAD EAST  
**City-St-Zip:** MOBILE, AL 36619

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** DAVID R. FORD, SR.

MGR

04/18/2011

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date